SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 92 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations and S or for commercial purposes, other than using the state of the second seco	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Andrew Lee Mailing Address 3547 Humboldt Ave S City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Suburban Radiologic Consultants, Ltd. Receipt For: Primary General Other (specify)	State MN C Occupation Diagnost	Zip Code 55408-3317 n cic Radiologist e Year-to-Date ▼ 500.00	Date of Receipt M M M J D D J Z D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Steven Link Mailing Address 10303 Bucks Way City Eden Prairie FEC ID number of contributing federal political committee. Name of Employer Suburban Radiologic Consultants Receipt For: Primary General Other (specify)	, '	Zip Code 55347-5018 n cic Radiologist e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 36521613 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Daniel Loes Mailing Address Suburban Radiologic 4801 W 81st St Ste 10 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Suburban Radiologic Consultants Receipt For: Primary General Other (specify)	State MN C Occupation Diagnost	Zip Code 55437-1191 n cic Radiologist e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 3 0 2 0 1 0 Transaction ID: 36521614 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .			1500.00